



2010 City of Sparta Georgia Housing Authority PHA Plan – Streamlined 5-Year/Annual 2014

For
City of Sparta Georgia Housing Authority
 Mrs. Betty Hill, Executive Director

By
Bobrow-Williams Group, LLC

PeopleWise™ Companies

Sarah R. Bobrow-Williams, Managing Member
 Franklin Delano Williams, Project Manager

July 10, 2010

Streamlined 5-Year PHA Plan
 Annual PHA Plan for 2010

2010

City of Sparta Georgia Housing Authority
 PHA Plan – Streamlined 5-Year/Annual

2014



**Prepared
For**

City of Sparta GA Housing Authority

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07/10/2010

1.0 to 4.0: PHA 5-Year/Annual Plan

**5.0: PHA Five-Year Plan - Mission,
Goals & Objectives**

6.0: PHA 5-Year Plan Update

8.0 to 8.3: Capital Fund Program

9.0 to 9.1: Housing Needs

10.0: Additional Information

**11.0: Required Certifications
Submissions**

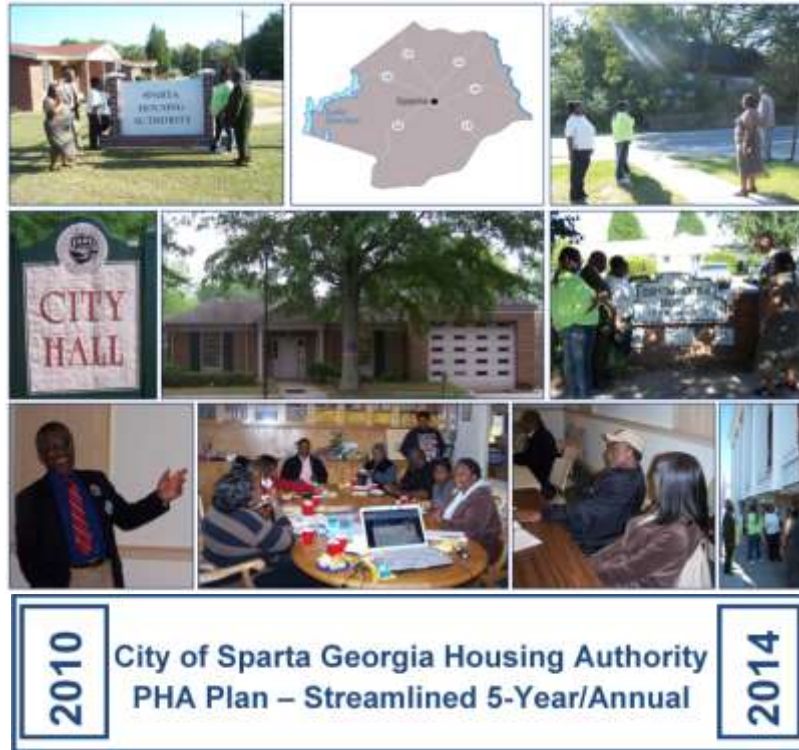
**BACKGROUND: Previous PHA 5-Year
Plan - 2005-2009**

**PHA
5-Year &
Annual
Plan**

City of Sparta Georgia Housing Authority

**Form HUD 50075
PHA Five Year/
Annual Plans**

Prepared by
BWG, LLC



5-Year Plan for Fiscal Years 2010 – 2014

Annual Plan for Fiscal Year 2010

Submit Plan Checklist – PHA Plans

How do you know if your plan is complete? Use the following checklist to ensure the PHA Plan is complete and ready for submission:

<i>Place an "X" or √ in this column for items completed</i>		<i>Standard and Troubled 5-Year/ Annual 50075</i>	<i>High Performers, Section 8 Only 50075</i>
X	1.0 PHA Information	X	X
X	C. 5-Year Plan completed (when due)	X	X
X	2.0 Inventory	X	X
X	3.0 Submission Type	X	X
	4.0 PHA Consortia	Optional	Optional
X	5.1 Mission (when 5-Year Plan due)	X	X
X	5.2 Goals and Objectives (when 5-Year Plan due)	X	X
X	6.0 PHA Plan Update	X	X
	7.0		
	HOPE VI	If applicable	If applicable
	Mixed Finance Mod/Development	If applicable	If applicable
	Demo/Disposition	If applicable	If applicable
	Mandatory or Voluntary Conversion	If applicable	If applicable
	Homeownership Programs	If applicable	If applicable
	Project-based Vouchers	If applicable	If applicable
X	8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report	If applicable	If applicable
X	8.2 Capital Fund Five-Year Action Plan	If applicable	If applicable
	8.3 Capital Fund Financing Program (CFFP)	If applicable	If applicable
X	9.0 Housing Needs	X	5-Year Plan Only
X	9.1 Strategy for Addressing Housing Needs	X	5-Year Plan Only
X	10.0 Additional Information	X	5-Year Plan only
	11.0 Required Submissions, if applicable	X	
X	Required <u>Certifications</u> signed and submitted to Local HUD Field Office		
X	<i>Certification of Compliance with PHA Plan and Related Regulations</i> Form HUD-50077	X	
X	If applying for Capital Funds: Form HUD-50070, <i>Drug-Free Workplace</i> Form HUD-50071, <i>Payments to Influence Federal Transactions</i> Forms SF-LLL and SF-LLLa, <i>Lobbying Activities</i>	X	
	<u>RAB</u> comments received and addressed	X	

PHA 5-Year & Annual Plan	City of Sparta Georgia Housing Authority	FORM HUD 50075 PHA Five-Year/Annual Plans Prepared by BWG, LLC 
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PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Sparta Housing Authority (SHA)</u> PHA Code: <u>GA 210</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ Number of HCV units: _____				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

- Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe

the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

- Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

- Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

- Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

- Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

- Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.

- Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from

welfare program requirements. (**Note: applies to only public housing**).

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.
9. **Pets.** A statement describing the PHA's policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** APHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers (or addresses)), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.

- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>
- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plan the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic

criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**
- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

PHA 5-Year & Annual Plan	City of Sparta Georgia Housing Authority	FORM HUD 50075 PHA Five-Year/Annual Plans Prepared by BWG, LLC 
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5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.
5.1	<p>Mission. State the PHA’s Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA’s jurisdiction for the next five years:</p> <p>The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</p> <p>The specific mission of the Sparta Housing Authority is to serve the community by providing access to affordable housing while promoting self-sufficiency and economic opportunities for low-income residents of Sparta and Hancock County. By working with our collaborative partners, we develop, renovate and maintain housing, promote neighborhood revitalization, and assist out residents in accessing needed education, health, human and social services.</p>
5.2	<p>Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>The Sparta Housing Authority (SHA) Goals for next five years: (1) Increase the availability of decent, safe, and affordable housing by building additional units on current property and partnering with others to rehab existing housing stock and build new low and moderate income housing units; (2) Promote self-sufficiency and asset development of SHA residents and other families and individuals in Hancock County; (3) Continue the implementation of the HUD approved repairs and capital upgrades of existing SHA units; (4) Improve community quality of life and economic vitality in Sparta and Hancock County Georgia; and (5) Ensure Equal Opportunity and Affirmatively further Fair Housing in Sparta and Hancock County Georgia.</p> <p>The Sparta Housing Authority (SHA) has met many of its goals from the previous 5-Year Plan. The SHA has completed the renovation of two damaged units; remove all graffiti from exterior walls of each apartment unit; pressure wash exterior walls including roof overhang, porches and sidewalks of each apartment unit; remove all insect nest from each apartment unit; repair and fill all holes in exterior walls and roof overhang of each apartment unit; and re-sod all bare grass spots around each apartment unit and common ground areas.</p> <p>These capital improvements were completed with annual capital improvement funds and special funding from the 2009 Economic Stimulus Funding.</p>

PHA 5-Year & Annual Plan	City of Sparta Georgia Housing Authority	FORM HUD 50075 PHA Five-Year/Annual Plans Prepared by BWG, LLC 
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6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>SHA updated its Annual and Five Year Capital Grants to accommodate the stimulus funds rehab work. No other changes were made to the Annual Plan.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Public Access to Information</p> <p>Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)</p> <p> <input checked="" type="checkbox"/> Main Administrative Offices of the PHA <input type="checkbox"/> PHA Development Management Office <input type="checkbox"/> PHA Local Offices </p> <p>Display Locations For PHA Plans and Supporting Documents</p> <p>The PHA Plans (including attachments) are available for public inspection at: (select all that apply)</p> <p> <input checked="" type="checkbox"/> Main Administrative Offices of the PHA <input type="checkbox"/> PHA Development Management Office <input type="checkbox"/> PHA Local Offices <input checked="" type="checkbox"/> Main administrative office of the local government <input checked="" type="checkbox"/> Main administrative office of the County government <input type="checkbox"/> Main administrative office of the State government <input checked="" type="checkbox"/> Public library <input type="checkbox"/> PHA website <input type="checkbox"/> Other (list below) </p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>

PHA 5-Year & Annual Plan	City of Sparta Georgia Housing Authority	FORM HUD 50075 PHA Five-Year/Annual Plans Prepared by BWG, LLC 
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8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				
PHA Name: Housing Authority of the City of Sparta		Grant Type and Number Capital Fund Program Grant No: GA06P2105010 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Original	Total Estimated Cost	Total Actual Cost ¹
1	Total non-CFF Funds			Expended
2	1406 Operations (may not exceed 20% of line 21) ³			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)	3,667.00		
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	4,500.00		
11	1465.1 Dwelling Equipment—Nonexpendable	19,600.00		
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment	8,079.00		
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs	831.00		
17	1499 Development Activities ⁴			
18a	1501 Collateralization of Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 – 19)	36,677.00		
21	Amount of line 20 Related to LBP Activities	36,677.00		
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security – Soft Costs			
24	Amount of line 20 Related to Security – Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary				
PHA Name: Housing Authority of the City of Sparta		Grant Type and Number Capital Fund Program Grant No: GA06P2105010 Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹
		Original	Obligated	Expended
Signature of Executive Director		Date 07-08-10	Signature of Public Housing Director	

Part II: Supporting Pages									
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/ No):			Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Administrative Fees	1410	3	3,667.00					
	Executive Director Salary								
	Maintenance Salary								
	Secretary Salary								
GA210	Dwelling Structures	1460 (FA)							
	Toilet Installation - @ \$125.00 ea		12	1,500.00					
	Painting - @ \$390.00 ea		4	1,560.00					
	Hood Installation - @ \$60.00 ea		24	1,440.00					
GA210	Dwelling Equipment—Nonexpendable	1465 (FA)							
	Air Conditioning Units-@ \$3,000.00 ea		5	15,000.00					
	Air Conditioning Compressor		1	1,400.00					
	Hot Water Heaters @ \$400.00 ea		8	3,200.00					
GA210	Non-dwelling Equipment	1475							
	Commercial O Turn Lawn Mower		1	8,079.00					
GA210	Relocation Costs	1495.1		831.00					

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

[illegible]

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

[illegible]

form HUD-50075.1 (4/2008)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary						
PHA Name/Number Sparta Housing Authority/GA210			Locality (City/County & State) Sparta, Hancock County, Georgia		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		33,296.00	37,786.00	37,786.00	37,786.00
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		33,296.00	37,786.00	37,786.00	37,786.00
L.	Total Non-CFP Funds					
M.	Grand Total		33,296.00	37,786.00	37,786.00	37,786.00

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

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Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	GA 210-1					
	PHA-Wide Operations					
		Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<div>See Annual Statement</div>						
		Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part III: Supporting Pages – Management Needs Work Statement(s)					
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	
See Annual Statement					
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part III: Supporting Pages – Management Needs Work Statement(s)					
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	
See Annual Statement					
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

PHA 5-Year & Annual Plan	City of Sparta Georgia Housing Authority	FORM HUD 50075 PHA Five-Year/Annual Plans Prepared by BWG, LLC 
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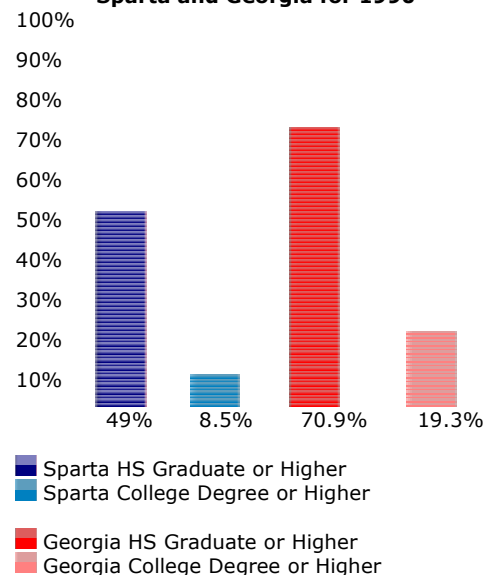
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The housing needs of families on the SHA Wait List are: 21 are in need of a 1 bedroom; 17 families are in need of a 2 bedroom; 12 families are in need of a three bedroom; 4 families are in need of a 4 bedroom; and 2 families are in need of a 5 bedroom. The racial breakdown is 100% African American.</p> <p>The income of all families on the Wait List is 96% are extremely low income and 4% are low income. The 2003 GA DCA's "Georgia – State of The State's Housing: Service Delivery Region 7" Study shows that: Hancock County has had double digit unemployment for the past 20 years; Hancock has the lowest median earning in Region 7--\$15,985; about 24% of the households in Hancock County had incomes of less than \$10,000; and more than 6% of the housing units in Hancock County was overcrowded.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>SHA plans to continue several collaborative strategies to address housing needs of families within Hancock County and the City of Sparta Georgia over the coming year.</p> <p>The primary thrust of our collaborative efforts will be to organize Hancock County and the City of Sparta apply for assistance from the Georgia Initiative for Community Housing. The Georgia Initiative for Community Housing is a partnership of the University of Georgia Housing and Demographics Research Center, the Georgia Department of Community Affairs and the Georgia Municipal Association. Implementation partners include Georgia EMC and the UGA Archway Partnership Program. The Initiative offers communities in Georgia a three-year program of collaboration and technical assistance in addressing their housing and neighborhood revitalization needs. The Georgia Power Company is the Founding Sponsor of GICH. Other major sponsors of this program are USDA Rural Development, and Wachovia Wells Fargo Foundation.</p>



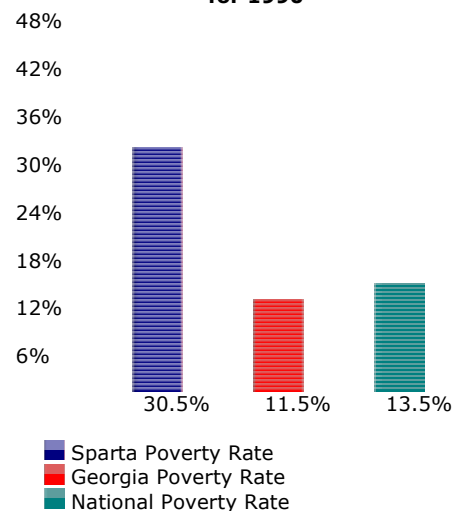
Printing Tips

- According to 2000 Census, the City of Sparta had a population of 1,522 persons. Between 1990 and 2000, the city experienced a population decrease of -11.0%, compared to the state growth during this period of 26.4%.
- In Sparta, 15.4% of the residents were white and 83.7% were black, according to 2000 Census. Hispanics, who may be identified as either white or black, represented 0.7% of the city's residents. Statewide, 65.1% of the population were white, 28.7% were black, and 5.3% were Hispanic.
- According to the 2000 Census, 27.4% of the city's residents were age 18 or younger, while 15.8% were age 65 or older. Statewide, 26.5% of the population were age 18 or younger and 9.6% were age 65 or older.
- The 1990 Census indicates that in Sparta, 49% of the adult population (25 years of age and older) were high school graduates or higher and 8.5% of the adult population held a bachelor's degree or higher. Statewide, 70.9% of the adult population were high school graduates or higher and 19.3% held a bachelor's degree or higher.
- School-age children in the City of Sparta attend schools in the Hancock County school system. Between 1992 and 1996, the average dropout rate for students in grades 8 through 12 was 6.1%. Statewide, the average dropout rate was 7.9% for the same time period. The Department of Education has changed the method of calculating total enrollment, which is used to calculate dropout rates. For the 1997-98 school year, the dropout rate for students in grades 9 through 12 was 2.1%, compared to the statewide rate of 6.5%.
- The Joint Board of Family Practice reports that in 1996 the number of physicians in Hancock County was 0.8 per 1,000 population, compared to the state rate of 1.9. Hancock County had 5.7 hospital beds per 1,000 population in 1998, which was greater than the statewide rate of 3.2. County data is provided, as data is not collected at the municipal level.
- Data on the infant mortality rate for this city is unavailable. The statewide rate between 1992 and 1996 was 9.8 per 1,000 infants.

Educational Attainment Comparison for Sparta and Georgia for 1990



Poverty Rates for Sparta, Georgia, and US for 1990

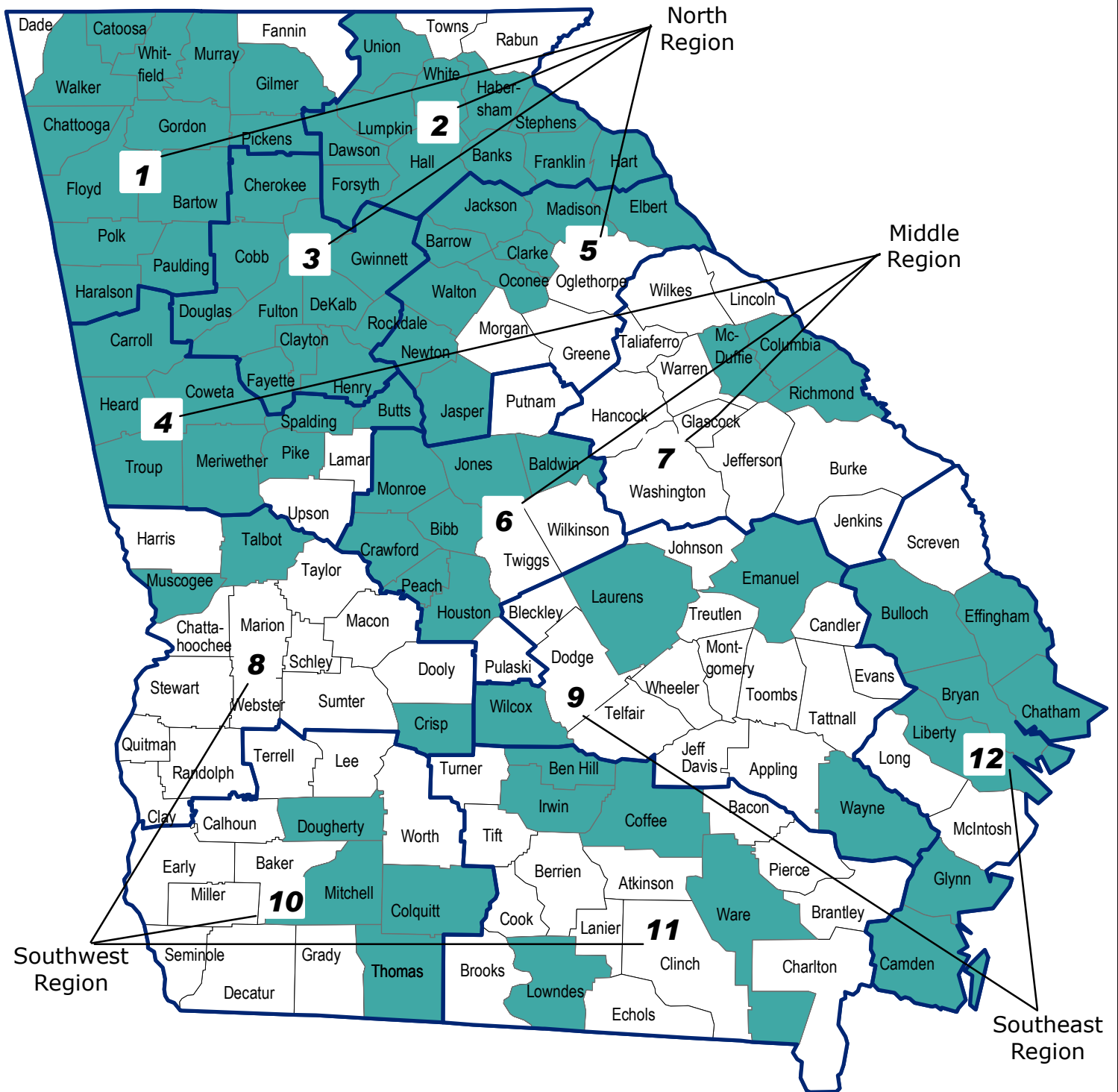


- ◆ The 2000 Census indicates that 16.7% of the total households in Sparta were headed by females with children under 18 years of age, compared with a statewide figure of 8.6%. Also, 17.7% of the heads of households in Sparta were 65 years or older in age, compared with the statewide figure of 7%.
- ◆ According to the 1990 Census, the percentage of the population with incomes below the poverty level in Sparta was 30.5%. Georgia's poverty rate for the same year was 11.5% and the national rate was 13.5%. In addition, 39.1% of the children under 18 years of age and 32.2% of the elderly, persons age 65 years and over, lived below the poverty level in Sparta.
- ◆ Based on 1990 Census data, 77.2% of the housing units in Sparta were owner-occupied. The median value of these units was \$31,800. Statewide, 64.9% of the housing units were owner-occupied, with a median value of \$71,300.

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NSP

Georgia Areas of Greatest Need



Source: Georgia Housing and Finance Authority, 2008
Map prepared by: Georgia Department of Community Affairs, 2009



APPLICATION FOR PARTICIPATION – 2010

SECTION A — APPLICANT AND FINANCIAL INFORMATION

1. Name of Applicant: _____
2. Address: _____

3. Primary Contact Person: _____
4. Email Address: _____
5. Telephone: _____ Fax: _____
6. Team Leader, if different than above: _____
7. Email Address of Secondary Contact: _____
8. Telephone of Secondary Contact: _____
9. Funding Source(s) and Amount Allocated for Travel and Lodging Expenses:

Funding Source	Funding Amount	Funding Status (Requested or allocated)



SECTION B — COMMUNITY HOUSING INFORMATION

10. Community Housing Team Members: (pages 2-3)

Housing Industry Groups	Name	Title	Affiliation	Signature Indicating Agreement to Participate
City government – elected official				
City government – staff				
County government (if applicable) – elected official				
County government - (if applicable) - staff				
Bank				
Real Estate				
Builder/Developer				
Nonprofit housing organizations				
Public housing authority				
Local school board				



Housing Industry Groups	Name	Title	Affiliation	Signature Indicating Agreement to Participate
Regional Commission /Planning Agency				
Chamber of Commerce				
County Extension Agent				
Family Connection Coordinator				
Other				



11. Evidence of local government support; evidence of other local support (attach letters, local government resolutions, and other actions):

12. Describe the primary housing issues facing the community (you may attach one additional sheet to respond to this section):

13. Describe housing activities in the community currently underway or successfully completed (you may attach one additional sheet to respond to this section):

14. Does the City government have the following:

1. Building Inspection Staff No ☐ Yes ☐
If yes, how many positions (full-time equivalent)? _____
2. Code Enforcement Staff No ☐ Yes ☐
If yes, how many positions (full-time equivalent)? _____
3. Zoning Ordinance No ☐ Yes ☐
4. Subdivision Ordinance No ☐ Yes ☐
5. Urban Redevelopment Plan (O.C.G.A 36-61-1) No ☐ Yes ☐

15. Does the County government have the following:

1. Building Inspection Staff No ☐ Yes ☐
If yes, how many positions (full-time equivalent)? _____
2. Code Enforcement Staff No ☐ Yes ☐
If yes, how many positions (full-time equivalent)? _____
3. Zoning Ordinance No ☐ Yes ☐
4. Subdivision Ordinance No ☐ Yes ☐

16. Does your community have a land bank authority? No ☐ Yes ☐

17. Has your community completed a housing needs assessment in the past three years? No ☐ Yes ☐

If yes, please describe the scope, target area, funding, etc.

18. Has your community had a Quality Growth Resource visit in the past five years? No ☐ Yes ☐

19. Briefly describe why the community wishes to participate in the Georgia Initiative for Community Housing and what you expect as an outcome from your community's participation. (you may attach one additional sheet to respond to this section)

SECTION C — CERTIFICATION

To the best of my knowledge the information in this application is true and correct. If selected, the Community Housing Team will participate fully in the Initiative sessions.

By checking the "Yes" box, the official representative of the applicant certifies these statements.

Date: _____ Yes ☐

Name of official representative (please print): _____

Title: _____



Application Instructions - 2010

Before completing the application form, please review the instructions. Questions regarding this application form or the Georgia Initiative for Community Housing should be directed to Dr. Karen Tinsley at 706-542-4949 or by email at klt@uga.edu.

Letter of Intent Applicants are encouraged, but not required, to submit a letter of intent to apply. This letter should be sent to Karen Tinsley via email or by mail to the “submittal” address listed on page 9 no later than July 30, 2010. Please include: name, title, affiliation, telephone number, and email address of the person who will assume responsibility for pre-application communication. The initial point of contact person may be different from the primary contact for the application as listed in line 3-5.

Line 1-2 Provide the name and address of the organization applying for participation. The applicant organization should be the lead agency/fiscal agent for the Community Housing Team. The applicant organization must be a City or County government or public housing authority.

Line 3-5 Provide the name and contact information of the person that will be the primary contact for activities of the Community Housing Team and questions about the application. This person (leader) is expected to be committed to the full three year life of the program and to coordinate team meeting arrangements, work schedules, fiscal matters, and to generally keep the team on task and motivated.

Line 6-8 Provide the name and contact information for the Team Leader, if different than primary contact person.

Line 9 There is no charge for participation in Initiative activities. However, communities must cover travel and lodging costs for its housing team members to participate in the planning retreats and associated activities. There are many ways in which these costs can be covered. For example, each team member might have their costs covered by the organization which they represent (e.g., City, County, housing authority, chamber of commerce, private business, church, or nonprofit). The community might also wish to raise funds locally or a single entity (e.g., local government, financial institution or chamber of commerce) might be willing to cover this cost. The section should indicate how the community anticipates covering these costs and the status of that funding. The estimated costs per team member will be:

Yearly Travel Costs: Costs will consist of travel to two two-day retreats including one to two overnight stays for each retreat (depending on distance from your community), and meals. Lunches will be provided during the retreat but not dinners. Most hotels offer continental breakfast. For initial cost planning purposes, you may assume that conference hotel rooms will cost \$85 per night.

Other Costs: Any costs incurred by the Community Housing Team during its work at home, between retreat sessions, will be the responsibility of the community. These costs should be negligible and based on decisions the team makes about meetings involving meals, local staff time devoted to meetings and meeting preparation, and other related expenses. Those costs and funding sources do not need to be included on this application form.

Line 10 List the members of the Community Housing Team. These will be the people who attend the Initiative activities and who are committed to working on the community's housing issues. The teams will normally consist of 15 to 20 individuals and include representatives from local government, business (particularly banks, real estate, and builders/developers), nonprofit housing organizations, and the public housing authority. If you have more than one individual from any group, include them in "other." Other groups that might be included, depending on your community, are faith-based organizations, churches, development authorities, chamber of commerce, school system, major employers, and law enforcement. In addition to giving the person's name, title, and organizational affiliation, each person is required to sign the application. If someone has not yet confirmed but has been invited, write "invited" in the signature column for that person.

Broad community representation and dedicated member participation on the housing team is vital to developing and implementing an effective housing plan. Participating communities are encouraged to send their full housing teams to each retreat. In reality, it is not always practical for every member to travel to each retreat. In fact, the team may have members that never attend the retreats, but participate in local meetings and events. It is imperative, however, that each team has a core group of 8 to 12 members that are dedicated to attending the retreats for the full three year program. Lack of continuous participation of at least several members is detrimental to the team's success.

Line 11 Indicate the extent of local support that this undertaking has in the community. Evidence of local government support includes allocations of budgeted funds, pledges of staff support, letters of support, and Council/Commission resolutions. Other types of local support would include pledges of funds and/or staff support, letters of support, and in-kind support such as meeting space and food.

Line 12 Describe the primary housing issues facing the community. You may attach one additional page. You may also attach completed housing studies, maps or other information that may be helpful for the selection committee. The description included in the application does not commit the community's housing team to identifying the issues described as the primary problems or key objectives for their work. It will,

however, give the reviewers an idea of the types of issues that are currently identified as central to the community's housing needs.

Line 13 Describe housing activities currently underway or successfully completed in the community. Activities described might include neighborhood rehabilitation efforts, rehabilitation of public housing units, concentrated code enforcement efforts, and construction of new affordable housing (including tax credit apartment developments). You may attach one additional page to respond to this section.

Line 14-15 Indicate whether or not the City and County governments have building inspection and/or code enforcement staff, a zoning ordinance, subdivision controls and an Urban Redevelopment Plan.

Line 16-18 Indicate whether or not your community has a land bank authority, has completed a housing needs assessment in the past three years, and has had a Quality Growth visit in the past five years.

Line 19 This section provides you with an opportunity to explain why your community wishes to participate in the Initiative, what you hope to achieve by participating, and what strengths the community brings to the process that will increase the likelihood that this will be a positive and useful experience for the community. You may attach one additional page to respond to this section.

Certification An official of the applicant organization must certify that the information is correct and that the community will assemble a housing team and fully participate in the program if chosen. The certifying official should be a responsible official of the organization (i.e., Mayor or City Manager of the City or County government).

(Paper) Submittal Text pages (excluding attachments) should be on 8 1/2 x 11 (letter size) paper, using a minimum 12-point font size. Application packets must be stapled or clipped in the top left corner. Do not bind applications. Submit hard copy application packet along with all required attachments to:

Georgia Initiative for Community Housing – Selection Committee
Attention: Karen Tinsley
Housing and Demographics Research Center
University of Georgia
205 Dawson Hall
Athens, GA 30602-2622

Electronic applications will be accepted and should be sent to klt@uga.edu. All attachments must be scanned and incorporated into the application as one PDF document. Scan pages 2 & 3 with housing team members' signatures and import into application file. If you have trouble sending the file (e.g. file too big), or if you want to verify that it was received, call 706.542.4949.

Deadline Date

Your application must be received (via email, mail or hand delivery) by the Housing and Demographics Research Center by 5:00 PM on Friday **September 3, 2010** to be considered for participation in the Georgia Initiative for Community Housing. Late proposals will not be accepted.

Schedule of Events

Event	Date(s)
Application Announcement	June 7, 2010
Applicant Information Sessions: Roundtable discussion: June 27, 2010 at 10:30 am	GMA 2010 Annual Convention Savannah June 26-29, 2010 http://www.gmanet.com/annual_convention/
Informational Webinar*	July 15, 2010 (9:30am)
Letter of Intent Due	July 30, 2010
Application Due	September 3, 2010
Site Visits to Finalist Communities	October 25 – 29, 2010
Selection Announcement	November 15, 2010
First Retreat	February 2011
Second Retreat	August 2011

* RSVP by July 9, 2010 by calling or emailing Karen Tinsley.

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>In addition to identifying a key source of technical assistance to help build a strong county-wide response to our housing needs, SHA has been working with our Resident Council to organize, establish and develop the Hancock County Resident Council. This 501(c)(3) nonprofit corporation will be the center-piece to our efforts to address Hancock County and Sparta Georgia’s housing needs</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>
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List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
X	Form HUD-50077, <i>Standard PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual PHA Plans.</i>	Standard 5-Year and Annual Plans Streamlined 5-Year Plans
X	Form HUD-50076, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual PHA Plan</i> , including required PHA certification and assurances for policy and program changes since last Annual Plan.	Streamlined Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5-Year and Annual Plans 5-Year Streamlined Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5-Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments (AI) to Fair Housing Choice); and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Streamlined Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan (TSAP) and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in the Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) assessment (or other applicable assessment).	Annual Plan: Management and Operations

List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)


Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
X	Follow-Up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary).	Annual Plan: Operations and Maintenance and Community Service and Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP).	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Management and Operations
	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement/Performance and Evaluation Report (form HUD-52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (form HUD-52825) for any active CIAP grant	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See Notice 99-52 (HA).	
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the U.S. Housing Act of 1937, or Section 33 of the U.S. Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section ___ of the Section 8 Administrative Plan).	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in the public housing A & O Policy.	
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	
	Most recent self-sufficiency (ED/SS, TOP, or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	

List of Supporting Documents Available for Local Review

(Applicable to All PHA Plan Types)

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

Applicable & On Display	Supporting Document	Applicable Plan Component
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA’s response to any findings	Annual Plan: Annual Audit
	Consortium agreements and certifications that agreements are in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint PHA Plans for Consortia
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

HANCOCK RESIDENT COUNCIL, INC.

a Domestic Non-Profit Corporation

has been duly incorporated under the laws of the State of Georgia on **07/09/2008** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on July 9, 2008



A handwritten signature in cursive script that reads "Karen C Handel".

Karen C Handel
Secretary of State

Articles Of Incorporation For Georgia Non-Profit

The name of the corporation is:

Hancock Resident Council, Inc.

The corporation is organized pursuant to the Georgia Nonprofit Corporation Code.

The principal mailing address of the non-profit:

52 Dyer Drive
Sparta, GA 31087

The Registered Agent is:

Betty Hill
184 Dyer Drive
Sparta, GA 31087

County:

The name and address of each incorporator(s) is:

Catherine Brown
128 Dyer Drive
Sparta, GA 31087

Keeotia Hubert
110 Dyer Drive
Sparta, GA 31087

Shaqueesha Lynn
354 Powellton Avenue
Sparta, GA 31087

Chondra Coats
356 Powellton Avenue
Sparta, GA 31087

The corporation will have members.

The optional provisions are:

SECTION A: The members of the Corporation shall consist of all residents of federally supported rental housing in Hancock County Georgia;

SECTION B: A Board of Directors shall manage the affairs of the Corporation. The method of electing the Board of Directors shall be determined by the By-laws of the Corporation;

SECTION C: Personal liability of all Directors and Members of the Corporation to the Corporation or its members for monetary damages for breach of duty of care or other duty as a Director is hereby eliminated to the extent allowed by Section 14-3-202(b)(4) of the Georgia Non-profit Code or successor statute;

SECTION D: The purposes for which the Corporation is organized are exclusively societal, charitable, and educational within the meaning of Section 501(c)(3) of the Internal Revenue Of 1986 or the corresponding provision of any future United States Internal Revenue Law;

SECTION E: Notwithstanding, any other provisions of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law; and

SECTION F: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future federal code, or shall be distributed to the federal government, or to a state or local government , for a public purpose. Any such assts not so disposed of shall be disposed of by the Court of Common Pleas of the County in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall

determine, which organized and operate exclusively for such purposes.

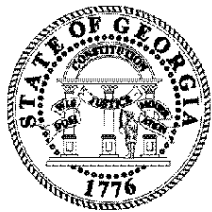
IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

Signature(s):

Incorporator, Catherine Brown

Date:

07/09/2008



Karen C Handel
Secretary of State

STATE OF GEORGIA
2008 Corporation Annual Registration

Control No: 08054147
Date Filed: 07/22/2008 03:05 PM
Karen C Handel
Secretary of State

OFFICE OF SECRETARY OF STATE

Annual Registration Filings
P.O. Box 23038
Columbus, Georgia 31902-3038

Entity Control No. 08054147

Information on record as of: 7/22/2008

HANCOCK RESIDENT COUNCIL, INC.
52 Dyer Drive
Sparta GA, 31087

Amount due from this entity is indicated below. Annual fee is \$30. If amount is more than \$30, total reflects amount(s) due from previous year(s). **Renew by April 1, 2008**

Renew at www.georgiacorporations.org or by submitting bottom portion with check payable to "Secretary of State".

Officer, address and agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer and Secretary of the corporation. Please PRINT LEGIBLY.

Note: Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Box may be used for principal office and officers.

Any person authorized by the entity to do so may sign and file registration (including online filing).

Please return ONLY the original form below and fee. Other filings and correspondence should be sent to our Atlanta address: Corporations Division, 315 West Tower, #2 Martin Luther King Jr. Drive, Atlanta, GA 30334.

Visit www.georgiacorporations.org to file online or for more information on annual registration. Or, call 404-656-2817.

Current information printed below. Review and update as needed. Detach original coupon and return with payment.

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
HANCOCK RESIDENT COUNCIL, INC.	52 Dyer Drive	Sparta	GA	31087
CEO:				
CFO:				
SEC:				
AGT: Hill, Betty	184 Dyer Drive	Sparta	GA	31087
IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW:				
Corporation Addr:				
CEO: Catherine Brown	128 Dyer Drive	Sparta	GA	31087
CFO: Chondra Coats	356 Powellton Avenue	Sparta	GA	31087
SEC: Shaqueesha Lynn	354 Powellton Avenue	Sparta	GA	31087
AGT:	P.O. BOX NOT ACCEPTABLE		GA	
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.		COUNTY OF REGISTERED OFFICE:	COUNTY CHANGE OR CORRECTION:	
AUTHORIZED SIGNATURE: Betty Hill		DATE: 7/22/2008		
TITLE: Filer				

BR203 2008 Corporation Annual Registration

Amount Due: **\$30.00**

082 080541473 0030004 HANCOCKRESIDENTCOUNCIL

Annual Budget

HANCOCK RESIDENT COUNCIL, INC.
JANUARY 2009 – DECEMBER 2009

Balance on Hand (Contingency): December 31, 2008 **\$ 250.00**

Receipts

Members' Dues	\$16,000.00
Rental Family Members (\$24.00 Annually x 200 = \$4,800)	
Supporting Family Members (\$12 Annually x 100 = \$1,200)	
Sponsoring Members (\$100 Annually x 100 = \$10,000)	
Summer Flea Market & Barbecue	\$ 2,500.00
Fall Festival & Garage Sale	\$ 2,500.00
Contributions & Donations	\$ 5,000.00
Grants & Contracts	\$30,000.00
Total Receipts	\$56,250.00
TOTAL \$2,650.25	

Disbursements

Monthly Rental Complex Captains Stipend @ \$300 x 6 persons	\$21,600.00
Monthly Advisor/Consultant Fee	\$ 6,000.00
Monthly Newsletters	\$ 1,200.00
Monthly Website Fee	\$ 1,200.00
Neighborhood Projects	\$ 5,000.00
Youth Summer Camps	\$20,000.00
Supplies for Council	\$ 1,000.00
Contingency	\$ 250.00
Total Disbursements	\$56,250.00

Submitted By President: Catherine Brown

The Balance on Hand only applies if the Council collected funds from the previous year and will carry those funds to the next year.

The TOTAL and the Total Disbursements should always balance out.

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none">(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.(g) Challenged Elements(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Sparta Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Agency

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Sparta Housing Authority
52 Dyer Drive
Sparta, GA 31087

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Hazel B. Hill

Title

Executive Director

Signature

x *Hazel B. Hill*

Date

July 12, 2010

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Sparta Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Agency

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Hazel B. Hill

Title

Executive Director

Signature

Date (mm/dd/yyyy)

07-12-2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.


Sparta Housing Authority

GA 210

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official		Hazel B. Hill		Title		Executive Director	
Signature				Date		07/12/2010	

form HUD-50077-CR (1/2009)
OMB Approval No. 2577-0226

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/TMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Sparta Housing Authority

GA 210

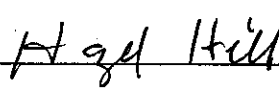
PHA Name

PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 20 10 - 20 14

☒ Annual PHA Plan for Fiscal Years 20 09 - 20 10

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Hazel B. Hill	Title Executive Director
Signature 	Date July 12, 2010

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, William Evans, Jr. the Mayor certify that the Five Year and
Annual PHA Plan of the Sparta Housing Authority is consistent with the Consolidated Plan of
the City of Sparta/State of Georgia prepared pursuant to 24 CFR Part 91.

Wm Evans Jr 8/12/10

Signed / Dated by Appropriate State or Local Official